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# BELMONT HOSPITAL

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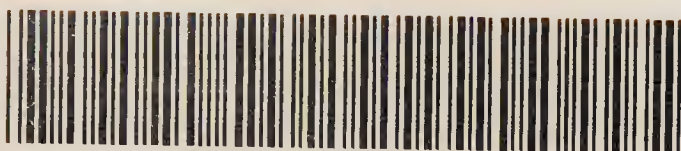


## REPORT OF PHYSICIAN-SUPERINTENDENT



5th July, 1951, to 4th July, 1952

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# BELMONT HOSPITAL.

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## Report of Physician-Superintendent.

5th July, 1951, to 4th July, 1952

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### MEDICAL STAFF

#### PSYCHIATRIC.

##### CONSULTANTS—FULL TIME.

Louis Minski, M.D., F.R.C.P., D.P.M. — Physician Superintendent.  
David Shaw, M.D., M.R.C.P., D.P.M. — Physician Deputy Superintendent.  
Maxwell Jones, M.D., M.R.C.P. — Physician i/c Industrial Unit.  
A. S. Thorley, M.D., D.P.M.  
M. A. Pai, M.B., B.S., M.R.C.P., D.C.H., D.P.M., D.T.M.

##### PART-TIME.

W. W. Sargent, M.B., F.R.C.P., D.P.M. — Physician in Psychological  
Medicine, St. Thomas' Hospital.  
D. E. Bunbury, M.B., M.R.C.P., D.P.M.  
G. R. Debenham, B.Ch., D.P.M.  
F. O. Finigan, M.B., M.R.C.P. (Ed.), D.P.M.

##### SENIOR HOSPITAL MEDICAL OFFICERS.

N. Craske, M.B., Ch.B.  
A. Samuel, M.R.C.S., L.R.C.P., D.P.M.  
C. C. Evans, M.A., M.R.C.S., L.R.C.P., D.P.M. — Physician i/c Department  
of Electro-Physiology.

##### SENIOR REGISTRARS.

A. A. Baker, M.B., B.S., D.P.M.  
E. A. Burkitt, M.R.C.S., L.R.C.P., D.P.M.  
B. Pomryn, M.B., B.S., D.P.M.  
J. Merry, M.B., B.S., D.P.M.  
D. O. Lloyd, M.B., B.S., D.P.M.  
R. H. Wheeler, M.B., B.Ch., M.R.C.P., D.P.M.

##### REGISTRARS.

C. Simpson, M.B., B.S., D.P.M.  
K. S. Jones, M.B., B.S., D.P.M.  
J. S. B. Lindsay, M.B., Ch.B., D.P.M.

##### JUNIOR HOSPITAL MEDICAL OFFICER.

M. Stewart, M.R.C.S., L.R.C.P.

##### PART-TIME PSYCHIATRIST.

S. Crown, M.R.C.S., L.R.C.P.

##### GENERAL MEDICAL STAFF.

E. M. Foxen, F.R.C.S., D.L.O. — Consulting Ear, Nose and Throat Surgeon.  
A. Feiling, B.A., M.D., F.R.C.P. — Consulting Neurologist.  
R. Gilbert, F.R.C.S. — Consulting Surgeon.  
Wylie McKissock, O.B.E., M.S., F.R.C.S. — Consulting Neurosurgeon.  
R. Niven, M.A., B.M., B.Ch., M.R.C.P. — Consulting Physician.  
J. A. W. Robinson, M.B., B.S., D.A. — Consulting Anaesthetist.  
F. Ridley, B.Sc., M.B., B.S., F.R.C.S. — Consulting Ophthalmologist.  
B. S. H. Storr, B.A., M.R.C.S., L.R.C.P., D.M.R.D. — Consulting Radiologist.  
E. F. C. Wadge, M.R.C.S., L.R.C.P., Dip. Phys. Med. — Consultant in  
Physical Medicine.  
Mrs. Sutcliffe Hey — Consulting Dental Surgeon.



## GENERAL.

Again, because of the financial situation, there are few major structural alterations to report.

Work has begun on improving a block of the Nurses' Home which is being divided into single rooms, with new bath rooms, lighting and general redecoration. The extension of another block of the Nurses' Home which houses male nursing staff has been partitioned, bathrooms have been renovated and redecoration carried out. The lavatory accommodation and sluice rooms have been improved, while new flooring has been put down in several wards.

A new patients' library is almost completed which will replace a rather cramped dark room in which the present library is housed. This new room will give patients facilities for reading and "browsing" over the books before making a choice to take away with them.

A considerable amount of painting has been completed during the year and the usual maintenance has been carried out.

There have been no changes among the general consulting staff, who all visit the hospital weekly and as required in emergencies.

Mrs. Sutcliffe Hey saw 1,359 patients in the dental department during the year and carried out 80 operations for extractions under general anaesthesia.

Mr. Gilbert saw 548 patients, Dr. Niven 250, Dr. Wadge 232, Mr. Foxen 190, Mr. Ridley 162 and Dr. Feiling 98 during the year.

Ten major operations and 38 minor operations were performed, while Mr. McKissock carried out 14 prefrontal leucotomies.

Mr. Foxen performs a number of operations on patients from this hospital at the Westminster Hospital, where they are transferred temporarily, while gynaecological operations are carried out at St. Helier Hospital by the consulting staff there.

1,840 patients were X-rayed during the year and 2,180 patients received treatment in the physiotherapy department.

The treatments included massage, electrical treatment, radiant heat, ultra violet light, remedial exercises, wax baths, etc.

During the year 3,181 examinations were carried out in the pathological laboratory and were made up as follows:—

|   |     |     |       |
|---|-----|-----|-------|
| Blood examinations (cell counts, haemoglobin)           | ... | ... | 821   |
| Blood Urea and sugar estimations                        | ... | ... | 1,844 |
| Urine examinations (microscopic, bacteriological, etc.) | ... | ... | 209   |
| Faeces examinations                                     | ... | ... | 24    |
| Test meals  | ... | ... | 86    |
| Sputum examinations                                     | ... | ... | 68    |
| Identification of Micro-organisms                       | ... | ... | 129   |

The laboratory is still under the supervision of Dr. Kay, of the Central Pathological Laboratory, where Wassermann and Cerebrospinal Fluid examinations are carried out, while two technical assistants carry out the routine work mentioned above.

### CHANGES IN PROFESSIONAL STAFF.

Dr. Garmany resigned his appointment as part-time consultant in October owing to pressure of work. He was replaced by Dr. Finnigan, who, owing to illness, was prevented from taking up duty until May 1952.

Drs. Seaborn and Henn Collins gave up their appointments at the end of June, having completed their periods as registrars. They were replaced by Drs. Jones and Lindsay, who have both had psychiatric experience and hold the D.P.M.

Dr. Stewart on completing her period as a registrar was regraded as Junior Hospital Medical Officer, as her experience in psychotherapy is invaluable in treating neurotic patients.

Miss C. Stuart, who had held the post of Matron since 1945, resigned during the year. Miss Stuart carried out her duties most efficiently and did not spare herself in the performance of them. We wish Miss Stuart many years of health and happiness in her retirement.

Miss P. Arnold, who held the post of Deputy Matron at Holloway Sanatorium, Virginia Water, was appointed in her place and took up duty in September.

Dr. Maxwell Jones returned from his year's study leave in October after covering a large part of the world advising on the rehabilitation of neurotic patients.

The Department of Electrophysiology had been in charge of a senior registrar and it was agreed by the Regional Board that the Department should be put in charge of a Senior Hospital Medical Officer, and after advertisement of the post Dr. Evans was appointed.

I am glad to report that during the year Drs. Pomryn and Simpson obtained the Diploma in Psychological Medicine.

### ADMISSIONS, DISCHARGES AND DEATHS.

#### ADMISSIONS.

During the year 1556 patients were admitted, divided into the following groups :—

|                                   | Male  | Female | Total |
|-----------------------------------|-------|--------|-------|
| Civilian patients ... ..          | 546   | 631    | 1,177 |
| Ministry of Pensions patients ... | 183   | 4      | 187   |
| Industrial Unit patients... ..    | 170   | 10     | 180   |
| Service patients ... ..           | 11    | 1      | 12    |
|                                   | <hr/> | <hr/>  | <hr/> |
|                                   | 910   | 646    | 1,556 |

This shows an increase in the total admissions of 116 over last year, and of this total the female admissions account for 61. The demand on the female beds has remained at a uniformly high level for some considerable time, and unfortunately there is a waiting time of from three to four weeks for female patients, apart from emergencies, a regrettable state of affairs in dealing with neuroses. It is hoped in the near future to reduce the male beds by twenty, with a corresponding increase in the female beds, and this will ease the situation a little.



The diagnoses of the patients admitted show no change from those mentioned in my last report. Anxiety states, hysteria, obsessional states, psychopathy and neurotic depressions predominate, while a limited number of cases of schizophrenia, psychotic depressions and organic states are also admitted.

#### *DISCHARGES.*

|                                   | Male | Female | Total |
|-----------------------------------|------|--------|-------|
| Civilian patients ... ..          | 562  | 605    | 1,167 |
| Ministry of Pensions patients ... | 185  | 3      | 188   |
| Industrial Unit patients...       | 146  | 8      | 154   |
| Service patients ... ..           | 22   | 2      | 24    |
|                                   | 915  | 618    | 1,533 |

As in the past the admission and discharge rates remain fairly equal, thus ensuring a smooth turnover of patients throughout the year.

#### *DEATHS.*

Two patients died during the year, a male patient from natural causes, while a female patient committed suicide while on week-end leave from the hospital.

### METHODS OF TREATMENT

It is unnecessary to repeat each year the various therapeutic techniques carried out, but it can be stated that all physical and psychological forms of treatment are used, in most cases the two types being combined.

The follow-up clinic for leucotomised patients set up last year is now functioning well and is not only of value in keeping in touch with the patients, and thus giving help if required, but is enabling us to see these patients years after operation. In this way we are able to assess whether personality or intellectual changes occur at any particular time after operation and if present whether they tend to become more marked or diminish with the passage of time. The results of a preliminary follow up were published by Dr. Baker and myself in the British Medical Journal last year, and proved most interesting.

It may be worth mentioning that Electro-narcosis as a form of treatment is still being persevered with. The results obtained in treating schizophrenic patients who have failed to respond to deep insulin comas are disappointing, but some cases of depersonalisation, well known for their resistance to most forms of therapy, appear to respond to this form of treatment.

### INDUSTRIAL UNIT

The Industrial Neurosis Unit, in charge of Dr. Maxwell Jones, has become progressively more concerned with the study and treatment of severe character disorders. Such a study is important as the usual treatment methods, whether they be physical or psychoanalytical, are relatively ineffective with this type of patient. Many of the patients are actual or potential criminal psychopaths who may be on probation from the courts. With this type of patient an attempt is being made to alter antisocial attitudes and to develop some degree of social conscience. It is believed that community methods of treatment involving the whole patient population at one time offer a promising field



for research, in addition to the more usual therapeutic groups of about ten patients. The patients participate in both forms of treatment daily.

The Unit is regarded as an experimental community where the social structure and roles of individual members are constantly under review. Communications between patients and staff are being constantly improved, and social attitudes towards authority, work, staff-patient relationships, etc., frequently discussed with the patients. There is an increasing tendency for the current problems to be ventilated freely at the daily community meetings. Topics discussed at these meetings are frequently carried over to the small therapeutic groups. In order that the staff may have a well defined culture and at the same time remain sensitive to changing Unit problems and conditions, daily discussion groups with the staff are necessary. The tendency is for these premeditated staff attitudes to form the basis of the Unit culture which slowly permeates the patient population. In this sense we have come to use the term "Therapeutic Culture."

The male patients are almost all employed on production work of use to the hospital community. They form work groups and do not make things for themselves. Others are doing unpaid work with outside employers, where they can test out various work possibilities before finally deciding on a job and leaving hospital. Still others are being tried out at the local Ministry of Labour Government Training Centre. These work roles all approximate to real work situations and aim at getting antisocial patients with long unemployment records back to the habit of work. They are members of a work team, and any emotional difficulties over authority, punctuality, monotony, etc., can be brought to the daily discussions, with the entire Unit Staff and patient population present. In this way it is possible for patients to see their own behaviour in a more objective way, and a change of attitude in a more socially desirable direction may be effected. The development of projection techniques, such as psychodrama and various forms of acting out, e.g., preliminary interviews before a patient goes for a job, has been described in detail in a book written by the Unit Staff. This book, "Social Psychiatry, A Study of Therapeutic Communities," is being published in October of this year by Tavistock Publications. The rights for this book have already been bought up by an American publishing firm.

A careful follow-up study done on one hundred patients six to nine months after leaving hospital and described in detail in the book, shows that approximately two-thirds of the patients followed up achieved a social adjustment considered fair or good by the social worker, and one-third made a poor social adjustment. Fifty-three per cent. of the patients had worked the full time between leaving hospital and the social worker's visit.

A further follow-up is being done by a research social worker kindly provided by the South-West Metropolitan Regional Board from its Research funds. This worker is also making a start in correlating the material produced in a therapeutic group with the social conditions pertaining in the patients' own homes.

The link between the Unit and the Ministry of Labour is a very close one, and the results of researches carried on in the Unit have been freely applied to the Ministry's fourteen Industrial Resettlement Units in various parts of Britain.

The external contacts of the Unit have been maintained, and in addition to the four to five hundred visitors annually from all parts of the world, Dr. Maxwell Jones has had the opportunity of surveying psychiatric



rehabilitation in numerous countries on behalf of the World Health Organization, to whom a report has been furnished.

Some degree of after-care is possible through the Club run for ex-patients in the Psychiatric Out-Patients Department of the St. George's Hospital, run by the social workers here. Forty to fifty patients attend there every week and the supportive atmosphere of the Unit can in part be maintained in this way.

Many of the patients admitted to the Industrial Unit, as has been mentioned, are aggressive psychopaths, and although much can be done by group methods of treatment to arouse their social conscience, in many cases the patient is unwilling to remain in hospital until treatment is completed. Some of them return to society to carry on their acts of violence, and repeated prison sentences have no deterrent effect, but in most cases tend to aggravate the condition. In order to protect society and at the same time to try and help the psychopath, in my opinion a change of legislation is required in this Country. In Holland and Denmark such individuals are sent to an institution on a Court Order and are detained there for years or life if necessary. The Institution is run on hospital lines, is self-supporting and if such psychopaths are at the same time treated by group methods it is possible that after a considerable time their anti-social tendencies may be overcome and some sort of social conscience established.

In this way not only would the psychopath be helped, but society protected at the same time.

#### *OCCUPATIONAL THERAPY, Etc.*

Two hundred and ninety patients out of approximately three hundred and fifty attend occupation classes each day. The total attendances of patients in a year were over 70,000 in the occupational shops and nearly 16,000 in the industrial workshops.

Mrs. Herbert with her three assistants provide a wide range of arts and crafts for both male and female patients. The usual types of occupational therapy, such as rug making, basket work, weaving, etc., are provided, while one shop is now set aside for pottery and modelling, which have developed considerably during the past year.

Mr. Edmonds, with his assistant in the carpenter's shop, provides occupation for the eighty male patients who attend daily. He also has an assistant who teaches patients printing and who handles a large part of the printing for the hospital group.

An Art Therapist began classes twice weekly last year. These are of value not only in teaching patients to paint, but also of allowing patients to express their thoughts in painting, whereas they may have difficulty in expressing such thoughts in words. This, therefore, is of value to the doctor treating the patients.

Mrs. Stonham, our Educational Organiser, carries on the activities mentioned in my previous report, while the remedial gymnasts provide graduated physical training classes, recreational activities, physical training classes, and indoor and outdoor games.

As has been mentioned, the Social Club at St. George's Hospital is still proving an important asset in providing amenities for ex-Belmont patients.



## TEACHING, RESEARCH, PUBLICATIONS, ETC.

Undergraduate students of St. Thomas' Hospital still attend here twice a year for lecture demonstrations on the neuroses and psychosomatic medicine, while I also carry out teaching to undergraduates in the out-patient department at St. George's Hospital. Students from University College Hospital also attended for a lecture demonstration on the neuroses.

Post graduate students taking the Maudsley Hospital D.P.M. Course are attached here for periods of six months as clinical assistants for clinical tuition, while the usual case conferences, tutorials and demonstrations have been held throughout the year.

The lecture demonstrations on neuroses carried out in previous years for R.A.M.C. officers from Millbank Hospital have also been continued.

Various other groups of students, viz., from Bedford College, Sisters and other personnel from the National Hospital, Queen Square, King Edward VII Staff College, and St. Helier Hospital, have also visited throughout the year.

Various foreign doctors have visited the hospital, some under the aegis of the British Council and World Health Organization, to study the rehabilitation of the neurotic patients.

The following research is being carried out at present :—

|                               |  |
|-------------------------------|--|
| Dr. Minski and Mrs. Dawson    | The investigation into the problems of differentiating between mental defect and deafness in young children is still proceeding. |
| Dr. Minski and Dr. Desai ...  | An assessment of the personality in patients suffering from peptic ulcer.  |
| Dr. Shaw ... ..               | A statistical investigation into the admissions over three years to this hospital.   |
| Dr. Thorley and Dr. Wheeler   | Observations on the Insulin Tolerance Test.  |
| Dr. Thorley and Dr. Desai ... | Rorschach observations before and after a course of insulin comas.   |
| Dr. Thorley and Dr. Kay ...   | Further biochemical investigations in hypoglycaemic coma.  |
| Dr. Pai... ..                 | Follow-up study of Anorexia Nervosa.   |
| Dr. Pai... ..                 | A study of patients treated with Methedrine.   |
| Dr. Pai... ..                 | A case of Islet-cell Tumour of the Pancreas.   |
| Mr. Strauss ... ..            | The effects of sodium-amytal on Rorschach responses.   |
| Dr. Evans ... ..              | Further observations of lambda waves and their clinical correlates.  |
| Dr. Evans ... ..              | Investigation of the significance of fast (beta) activity in the E.E.G.  |
| Dr. Evans ... ..              | Further investigation of " Multi-flash " techniques in the diagnosis of Epilepsy.  |

|                               |   |
|-------------------------------|---|
| Dr. Finigan and Dr. Evans ... | Some observations on the treatment of depression by induced convulsions.                                    |
| Mrs. Dawson ... ..            | Examination of E.E.G.'s of children from an epileptic colony with special reference to focal abnormalities. |
| Mrs. Dawson ... ..            | Investigation into relation of the E.E.G. in epilepsy and the clinical state.                               |
| Dr. Sargant ... ..            | Continued investigation into the use of various drugs in abreactive therapy.                                |
| Dr. Burkitt ... ..            | Continued research into the prediction of Huntingdon's chorea by genetic investigation and blood grouping.  |

#### PUBLICATIONS.

|                              |  |
|------------------------------|--|
| Dr. Minski and Dr. Baker ... | Social adjustments of Neurotic Patients following prefrontal leucomy. British Medical Journal.   |
| Dr. Thorley and Dr. Kay ...  | Biochemical Aspects of Hypoglycaemic Coma. Proc. Royal Soc. Med.   |
| Dr. Pai... ..                | Preventive Psychiatry; British Medical Journal.  |
| Dr. Pai... ..                | Hernia after E.C.T. British Med. Jl.   |
| Dr. Pai... ..                | Joint strain in sleep. Lancet.   |
| Dr. Evans ... ..             | An experiment in the E.E.G. of medium-mistic trance. Jl. Soc. Psychical Research.  |
| Dr. Evans ... ..             | Spontaneous excitation of the visual cortex and association areas :—"lambda waves" (Awaiting publication in Jl. E.E.G. and Clin. Neurophysiology). |
| Dr. Evans ... ..             | Photic stimulation with harmonically related frequencies having variable phase relationship. (Paper read to E.E.G. Soc. April 1952.)               |
| Dr. Pai... ..                | Contribution of World War II to Physiology of sleep (awaiting publication).  |
| Dr. Pai... ..                | Some observations on attempted suicide (awaiting publication).   |
| Dr. Pai... ..                | Treatment of Spasmodic Torticollis (awaiting publication).   |
| Dr. Merry ... ..             | The relative Roles of Individual and Group Psychotherapy (awaiting publication).   |
| Dr. Merry ... ..             | Excitatory group psychotherapy (awaiting publication).   |
| Dr. Baker ... ..             | Unusual case of folie à deux (awaiting publication).   |
| Dr. Baker ... ..             | The misfit family : A psychodramatic technique (awaiting publication).   |



## OUT-PATIENT WORK.

Although no regular out-patient sessions are held at the hospital, 689 patients were seen during the year and 1,410 attendances made. Most of those seen are ex-patients who attend to see their own doctors who treated them while in hospital, and a few are referred by local general practitioners as emergency cases.

The following members of the medical staff hold out-patient sessions at the undermentioned hospitals :—

|                   |     |     |   |
|-------------------|-----|-----|---|
| Dr. Minski        | ... | ... | St. George's Hospital, S.W.1.   |
| Dr. Minski        | ... | ... | Sutton and Cheam General Hospital.  |
| Dr. Minski        | ... | ... | Royal National Throat, Nose and Ear Hospital, Golden Square, W.1.<br>(As required.) |
| Dr. Shaw          | ... | ... | Dorking County Hospital.  |
| Dr. Shaw          | ... | ... | St. Helier Hospital (Psychosomatic Clinic).   |
| Dr. A. S. Thorley | ... | ... | Wimbledon Hospital, S.W.  |
| Dr. Samuel        | ... | ... | London Hospital, E.1.   |
| Dr. Burkitt       | ... | ... | St. Bartholomew's Hospital, E.C.1.  |

Psychotherapeutic sessions are held by the following members of the medical staff :—

|                   |     |  |
|-------------------|-----|--|
| Dr. N. Craske...  | ... | Sutton and Cheam Hospital.             |
| Dr. D. O. Lloyd   | ... | Sutton and Cheam Hospital.             |
| Dr. A. A. Baker   | ... | St. George's Hospital, S.W.1.          |
| Dr. C. Simpson    | ... | St. George's Hospital, S.W.1.          |
| Dr. M. Stewart    | ... | St. George's Hospital, S.W.1.          |
| Dr. R. H. Wheeler | ... | St. George's Hospital, S.W.1.          |
| Dr. B. Pomryn     | ... | Hammersmith and Westminster Hospitals. |
| Dr. J. Merry      | ... | Hammersmith Hospital.                  |

## DEPARTMENT OF ELECTROPHYSIOLOGY.

The department was previously in charge of a senior registrar, but the Regional Board agreed that the grading for the medical officer in charge of the department should be that of a Senior Hospital Medical Officer. The post was therefore advertised and Dr. Evans has again been appointed to be medical officer in charge, but now in the grade of S.H.M.O. Mrs. Dawson still works in the department on a part-time basis, but the senior technician, who took up duty in August 1950, left during the year. It has been agreed that during the period of financial stringency the lay staff shall consist of a recordist and technician.

During the year, 174 new in-patients were seen, on whom 246 recordings were taken, while 769 new out-patients were seen, on whom 900 recordings were taken. The total number of recordings done was 1,146 on a total number of 943 patients.

With the use of present techniques, such as photic stimulation, leptazol (used where clinical epilepsy is present but the E.E.G. shows little or no abnormality) and seconal (used to bring out abnormalities which are more marked in sleep as in nocturnal epilepsy) a single recording may take from two to three hours.

Dr. Evans still carries out two sessions a week as consultant in Electroencephalography at the Central Middlesex Hospital.

#### PSYCHOLOGICAL DEPARTMENT.

Dr. Desai is Psychologist in charge of the department, which has one technical assistant, while Mr. Strauss works in the Industrial Unit.

During the year the department dealt with 1,208 patients for a preliminary assessment of intelligence, 1,173 in groups and 35 individually. Retests were given to 134 of these patients. The disparity between the number tested and the number of admissions was reduced as compared with the preceding year. Group tests were also given to 56 patients for vocational and other purposes.

In 613 interviews, 343 patients were seen individually for differential diagnosis, indications for treatment, vocational rehabilitation, assessments of personality and of intellectual deficits, etc., while 24 patients were seen for research purposes only. 239 patients were referred primarily for differential diagnosis and personality assessment, 161 for vocational rehabilitation, and 51 for assessment of deficits. As compared with last year, there is little change in the types of problems for which patients were referred, except that a somewhat greater number was referred for indications for treatment on the basis of personality structure.

Mr. Strauss continues to employ group techniques for vocational rehabilitation to supplement individual interviews.

Lectures on Psychology to Registrars and Nurses were given as before, while facilities were provided for research for a Ph.D. thesis and an M.A. thesis, and three Ph.D. students are now carrying out research on assessments of personality.

Dr. Desai was invited to serve on the Working Party of the Committee of Professional Psychologists (British Psychological Society), which was established to make recommendations on the training of clinical Psychologists.

#### FOLLOW-UP.

The usual follow-up of patients discharged from hospital has been carried out by letter at intervals of three months, six months, one year and two years. The position of patients at the end of two years is shown in the following table :—

|                                  | Male      | Female    |
|----------------------------------|-----------|-----------|
| Symptom Free ... ..              | 15        | 21        |
| Symptoms present but working ... | 64        | 36        |
| Unable to work ... ..            | 17        | 3         |
| In mental hospitals ... ..       | 1         | 4         |
| Deaths ... ..                    | 3         | 6*        |
| Readmitted here ... ..           | 36        | 21        |
| No replies ... ..                | 72        | 71        |
| Not followed up ... ..           | 127       | 102       |
| Gone away ... ..                 | 38        | 24        |
|                                  | <hr/> 373 | <hr/> 288 |

(\* including 1 suicide)



229 out of a total of 661 patients under review were not followed up as they either expressed a desire to be allowed to forget their illnesses or because they left the hospital against advice and were hostile and critical.

58 per cent. of the males and 62 per cent. of the females who replied were still symptom free or working, while 9.6 per cent. of the males and 7 per cent. of the females were readmitted here. The figures for both the males and females who are symptom free or working are very similar to those of last year, while the figures for the readmissions have fallen slightly. At the end of one year after discharge 62 per cent. of the males and 66 per cent. of the females were working, while three months after discharge 72 per cent. of the males and 75 per cent. of the females were working.

It will be seen, as in the analysis of the follow-up in my last report, that with the passage of time there is a tendency to relapse, the decrease from three months to two years after discharge being 14 per cent. in the case of the males and 13 per cent. in the case of the females.

It can only be assumed that environmental factors both social and economic are important in the production of relapses with consequent inability to cope with domestic and other forms of work.

## SOCIAL WORK.

### *FEMALE SIDE.*

The number of social workers remains as before, viz., three in the main part of the hospital and two attached to the Industrial Unit, but whereas before only one social worker worked on the female side, a second social worker now divides her time between the female and male sides. This, naturally, has allowed the social work to expand among the female patients. The most common cause of distress has again been unsatisfactory housing conditions, and where there are genuine grounds for complaints a home visit is paid and the appropriate Local Authority approached, but out of 38 applications for assistance, only 6 have been successful in being re-housed and one obtained a building licence.

The Ministry of Labour D.R.O. received 58 applications for employment and arrangements were made for 10 patients to take Government training courses, one for dressmaking, one for cooking, and eight for shorthand and typing.

The Matron of the Nelson Hospital, Wimbledon, has been most helpful in taking three of our younger patients who were anxious to study nursing into her preliminary Training School. One has signed on for her three years' training, while the other two are doing well as assistant nurses in a convalescent home.

The recent tightening up of the position in the labour market has made it more difficult to place patients in employment speedily, as now there are usually many applicants for one job, and some employers appear to prefer to choose an applicant who had not just recovered from a nervous illness.

Good use has been made this year of the Holiday Fellowship Association, who run organised house parties at a very reasonable charge at various sea-side resorts. These holidays are of great value for lonely unattached people as well as families who enjoy making friends and joining in group activities and excursions. Many patients prefer this type of holiday, if they can afford it, after leaving hospital, to being sent to a convalescent home.



As before, arrangements have been made for the care of children while the mother was in hospital, and if possible arrangements are made for the child to be looked after at home rather than in a residential nursery, as the emotional disturbance connected with the latter is great and may add to the patient's difficulties when she leaves hospital.

The usual office routine dealing with pension queries, financial difficulties, legal aid, etc., has been carried out, while home visits, follow-up visits, placement in convalescent homes, etc., have been undertaken.

### *MALE SIDE.*

Miss Edwards, who was a social worker on the male side, left in January 1952 to take up a post with the National Association of Mental Health. Miss Wood was appointed in her place and is ably filling the vacancy.

The usual enquiries in connection with pensions, National Insurance, and other financial problems have been dealt with, while another difficult and frequent problem is the question of clothing. Even though the National Assistance Board can make grants towards clothing, the problem would be almost insoluble without the help of service organisations in the case of the ex-Service patient.

The Red Cross, S.S.A.F.A. and the Regimental Associations have all been most generous in their assistance, while the ex-Services Welfare Society are most helpful both in regard to money grants and other enquiries, especially pensions.

The "Lest We Forget Association" and "Not Forgotten Association" continue to arrange outings and parties for ex-Service patients, which last year included coach visits to Wimbledon for the Tennis, visits to races, days at the seaside, etc. These are naturally greatly appreciated by the patients.

The usual home visits have been paid, social histories obtained and convalescence arranged.

An interesting development on the part of the male patients is to use the social workers to discuss in detail the application of the insight and information they have gained during treatment and to obtain the "feminine point of view" in relation to their wives' reactions to their illnesses.

The liaison with the D.R.O. continues, while in some cases the social workers have obtained employment directly for patients where their type of occupation has been considered unsuitable for the normal channels of the Employment Exchange. On both the male and female sides, the social workers co-operate with the medical staff in research where social problems, follow-up, etc., are important parts of the research being undertaken.

Finally, I wish to thank once more the Chairman and Members of the Hospital Management Committee for their continued help and co-operation in these difficult times and also the officers and members of the Regional Hospital Board.

To my medical and lay colleagues in the hospital I extend my grateful thanks for their loyal support and help during the year.

LOUIS MINSKI, M.D., F.R.C.P.,

*Physician Superintendent.*





